

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XX.

WEDNESDAY, JULY 31, 1839.

No. 25.

BRIEF RULES FOR EXPLORATION OF THE CHEST, IN DISEASES OF
THE LUNGS AND HEART.

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[Concluded from page 378.]

VOICE.—The voice is produced in the larynx, and the vibrations belonging to it are conducted through the trachea and its branches to all parts of the lungs. If we apply the ear to the chest of a person who is speaking, we perceive a confused, inarticulate noise. It is clearest and most resounding at the upper parts of the chest, which are near the larynx, and in which the bronchi are largest, especially at the inner edge of the scapula. It is feeblest in the lower parts, where there is a great deal of intervening, spongy, vesicular texture. The degree of resonance varies in different subjects. If other things are equal, it is greater in thin persons than in those who are fleshy, and in persons who have a strong deep voice, than it is in those whose voice is high or feeble.

Aphonia, or loss of voice, may take place from catarrhal affections, debility, paralysis, ossification of the cartilages of the larynx, or ulceration of the vocal chords in phthisis.

The first deviation of the voice from its natural state, perceived in auscultation, is in its *diminished resonance*. When this takes place in a particular part, independently of affections of the integuments, it most frequently indicates emphysema. It may also occur in pleurisy, when the effusion into the cavity of the chest is sufficient to compress the whole lung.

Increased resonance of voice takes place when the pulmonary texture is slightly increased in density. It occurs in incipient phthisis, and at the beginning and decline of pneumonia and in dilatation of bronchi. This and the foregoing variety of resonance, can be estimated only by comparing the part of the lung in which they occur, with a corresponding portion which is in a healthy state.

Bronchophony is a peculiarly loud, clear, thrilling sound, which impresses the listener as if the voice was close to his ear, or as if the patient spoke through his ribs. In different degrees it accompanies bronchial and tubal respiration, and depends upon the same causes, viz., induration of the pulmonary substance by tubercles, hepatization, bronchial dilatation, &c. *Bronchophony*, in some cases, is attended by a thrill which is not only audible, but palpable to the hand.

Pectoriloquy is an exalted degree of broncophony, resembling the sound which is heard by placing a stethoscope on the trachea while a person speaks. It is produced by a cavity in the lungs, of moderate size, having indurated walls, and being empty, or nearly so, of fluid. It is liable to disappear and return as the cavity becomes filled with fluid, or is emptied by coughing. The value of pectoriloquy in diagnosis has probably been exaggerated, and we seldom rely upon it without the concomitant signs of excavation.

Amphoric resonance of voice is a hollow, reverberating, semi-metallic sound, as if a person spoke in a brazen vessel. It accompanies amphoric respiration in pneumo-thorax, and in tuberculous excavations of large size.

Ægophony is a sound which has been compared to the bleating of a goat, from whence its name is taken. A good idea of it may be obtained from the nasal voice of a person who closes his nostrils in speaking. It exists at a somewhat early stage of pleuritic effusion, then disappears, and returns again after the fluid is partly absorbed. For its production it requires that a certain amount of fluid should be interposed between the lung and the ear, but not so much as to compress the lung wholly. It is usually heard near the lower angle of the scapula. *Ægophony* occasionally runs into bronchophony, and an intermediate sound is sometimes produced in pleurisy, viz., broncho-*ægophony*. This sound is apt to exist in pneumonia, attended with a slight degree of pleurisy. According to M. Reynaud, *ægophony* may occur in aneurism, when the trachea and bronchia are compressed.

Succussion.—A very ancient, though rough, mode of exploring the chest, consists in shaking the patient with a view to elicit the sound of free fluid, if such exists in the cavities. This mode is applicable only to cases in which air and liquid co-exist, as in pneumo-thorax and large pulmonary excavations. In patients thus affected, if the body be agitated, the dashing of the fluid can be heard not only by auscultation, but frequently by the ear at some distance from the body. This mode should not be practised to the annoyance of weak patients, but we have repeatedly met with patients who, by their own efforts, could produce the sound of succussion at pleasure.

Cough.—A *short dry cough* is attendant on various irritations of the fauces, elongated uvula, some febrile affections, and occasionally in persons in whom no obvious cause can be detected. It attends on the incipient stages of phthisis.

A *hoarse cough* is loud, dry, hearty and forcible, without any peculiar harshness or stridulous sound. It exists in the early stages of pulmonary catarrh, and seems, like a hoarse voice, to depend on intumescence of the vocal chords.

An *aphonic cough*, the tone of which is whispering and feeble, seems to depend on the same causes which produce aphonia in the vocal functions. It takes place in excessive catarrhal affections of the glottis, in great debility, and in ulcerations of the larynx.

A *stridulous cough*, having a barking or brazen sound, occurs in croup, laryngismus, and in some children at the commencement of catarrh or

measles. In confirmed croup, under the production of false membrane, it is apt to acquire a wheezing or whistling character.

A *loose cough*, as its name expresses, is characterized by the sound of a loose fluid in the air passages. This fluid may be mucus, purulent mucus, or pus. It occurs in the advanced stages of catarrh, in phthisis, in the third stage of pneumonia, and in old age. In catarrh it is frequently a ground of favorable prognosis. A cough may in some cases have a broken and somewhat loose sound, without evidence of much fluid.

A *spasmodic cough* consists usually of many short expirations, followed by a single prolonged and often sonorous inspiration. It occurs in whooping cough and sometimes in dentition and other affections of children. The cough of asthma has generally more or less of a spasmodic character.

The *amphoric cough* has a hollow, reverberating sound, and constitutes a striking symptom of the advanced stages of phthisis, with large cavities.

EXPECTORATION.—In a state of health the natural saliva and mucus are transparent and colorless, and they generally remain so in the incipient stages of pulmonary diseases.

When the sputa consist of mucus which is thick, whitish and opaque, during common pulmonary catarrh, they indicate a subsidence of the inflammation. They are sometimes yellowish or greenish when the disease is prolonged.

When the sputa are of a red color, viscid, heaped in small masses, and adherent to the vessel into which they are discharged, the disease is pneumonia. They may also be sometimes brown or yellowish in this disease.

When liquid blood of a fresh, florid and frothy appearance is thrown off by an expiratory effort, in any considerable quantity, the case is one of hæmoptysis. It shows in most cases the existence of tubercles in the lungs, but may take place under the influence of other causes, such as catamenial irregularities, aneurism of aorta, and external accidents. Pulmonary hemorrhage, when slight, probably proceeds from exhalation from the mucous membrane; when more serious, from the vesicular texture; and in rare cases, from the rupture or division of a bloodvessel.

When pus is expectorated the disease may be bronchitis, pneumonia, or phthisis. The characteristic sputum, often seen in advanced phthisis, has received the French name *pelotonné*, which has been rendered in English by the word *mummulated*. It appears in roundish masses, with shred-like edges, floating in a clear, transparent liquid. The taste is often sweetish, and the smell nauseous. But it is in some cases extremely difficult to distinguish the pus of phthisis from that of chronic catarrh.

When chalky or calcareous concretions are coughed up, they mostly indicate tubercles or phthisis, usually in a more chronic form. Tuberculous matter is sometimes coughed up in the same disease.

When the sputa are extremely fetid, and accompanied with a putrid odor of the breath, the disease is gangrene of the lungs.

The expectoration of young children cannot be examined, from the circumstance that the substances raised are immediately swallowed by them.

The act of expectoration fails to take place when there is a want of sufficient sensibility in the mucous membrane or the diseased part, to excite coughing. This happens in the lethargic and the moribund, giving rise to the well-known rattling sound in the throat so often heard in these cases. For the same reason expectoration is suspended during sleep, and takes place in increased quantity on waking. Some patients voluntarily avoid expectoration as long as possible, on account of pain or fatigue attending the exertion of coughing.

OF THE HEART AND ARTERIES.—The heart is situated in the left chest, occupying the præcordial region already described. The apex of the heart points forward, downward, and to the left, about the level of the fifth intercostal space. It is enclosed in the pericardium, and covered by the edges of the lungs, with the exception of a small part of a rhomboidal shape, and generally not two inches square. The portion which in most individuals is thus uncovered, gives a dull sound on percussion, and beyond this part the dulness diminishes, till it is lost in the surrounding pulmonary tissue.

The phenomena which are noticed when the ear is applied to the region of the heart in health, are the impulse and the sounds. The impulse conveys the impression that the ear is pushed or struck by the heart, and the sounds which are heard are two in number. The first sound coincides, in point of time, with the impulse, and occupies half the period of a whole pulsation. The second sound is short and abrupt, occupying a quarter or less of the pulsation, while a pause which follows, fills up the remainder of the period. The causes of these sounds of the heart have been the subject of much recent dispute and experimental inquiry. The latest results render it probable that the first sound is occasioned by the muscular contraction of the ventricles, beginning with the closing of the auriculo-ventricular valves, while the second sound is produced solely by the flapping of the semilunar valves. In exploring the region of the heart for signs of disease, we attend chiefly to the impulse, the sounds, the rhythm, or order and proportion of the sounds, the extent of dull percussion, the extent of audible respiration, and the prominence of the præcordial region.

When the impulse of the heart is strong and lifting, we infer that there is hypertrophy of the organ, or some of its parts. If perceived over a large space, it is probably attended with dilatation. This diagnosis is confirmed if there is œdema of the lower extremities, dyspnoea, bloating and lividity of the face, with violet-colored lips, and pulsation of the jugular veins.

When in acute disease the impulse is feeble, irregular, or wanting in an erect posture, we should suspect pericarditis, and look out for its other signs.

When there is palpitation, or frequent and abrupt pulsation of the heart, there may be structural or functional disease, or mere nervous irritability of the system.

When the first sound of the heart is prolonged by a blowing or

bellows sound, there may be structural or functional disease, or inanition from loss of blood, &c.

When the second sound is prolonged or rough, we suspect disease of the valves from vegetations, thickening, rigidity or contraction. When either sound resembles the noise of a file, rasp or saw, or the cry of a bird, there is probability of still greater valvular disease. In these cases it is generally found that the valves, by their increased thickness, obstruct the passage of blood through the orifices which they command, or else, by their imperfect closure, they permit a portion of the blood to regurgitate. By applying the ear in succession to different quarters of the præcordial region, an opinion may be formed as to the particular valves which are diseased. Nevertheless, our present knowledge of the import of valvular sounds is by no means complete, and the certainty of their indications is doubted by some able pathologists.

When the sound of percussion is dull or flat over a greater extent than natural of the præcordial region, there is reason to suspect hypertrophy or pericarditis, with serous effusion. A similar inference is to be made when respiration is either absent or extremely feeble over the whole extent of this region, and at the same time is distinct in other places.

When the heart is perceived in the right chest, pulsating as strongly as in the left, or more so, there is either a preternaturally solidified portion of lung, or tumor, by which the pulsation is transmitted; or else the heart is dislocated by effusion or tumor in the cavity of the left pleura. In some very rare cases there has been a natural transposition of this and other organs.

When prominence of the præcordial region exists in connection with other signs of diseased heart, there may be pericarditis or hypertrophy. If the prominence be higher than this, we suspect aneurism of the aorta.

When there is a friction sound, like the creaking of new leather, which is synchronous with the pulsations of the heart, there is pericarditis, with effusion of lymph coating the surfaces in contact.

When there is dull percussion, with tumor, about the upper and anterior parts of the chest, attended with loud pulsation, either single or double, especially if there is a purring tremor above the clavicles, we may presume there is aneurism of the thoracic aorta.

The abdominal aorta can be felt in thin persons pulsating along the spine. If the pulsations be excessive and diffused over a preternaturally large space, there is either aneurism of this part of the aorta, or some tumor transmitting its pulsations. Strong pulsations, if not thus diffused, may indicate merely functional disturbance.

When a pulsating tumor is felt in the course of any artery, accompanied with a thrill which is perceptible to the hand or ear, and the tumor subsides on compressing the artery above it, and returns when the pressure is removed, the case is aneurism.

When there is pulsation of the jugular veins, we are to apprehend an imperfect closure of the right auriculo-ventricular valves, in consequence of which, when the ventricle contracts, a part of the blood regurgitates to the auricles and veins.

In certain patients, if a stethoscope be lightly pressed upon the side of the neck, a continuous sound, without pulsation, is heard. It is sometimes buzzing and musical, at others it resembles the blowing of wind against the corner of a house. This sound is called by the French *bruit de diable*, and is now considered as having its seat in the jugular veins. It is chiefly found in chlorotic and anemic subjects, and is supposed merely to indicate thinness of the blood. Several varieties in this sound have been pointed out, which seem of not much practical consequence.

The average frequency of the pulse in healthy persons is from 70 to 75 in a minute. In tall and stout persons it is slower, and in females and irritable subjects, quicker. In infants during the first month, it averages 120, in the second year 90 to 100, and afterwards gradually diminishes. When the pulse is habitually slower than these rates, it commonly arises from idiosyncrasy. But if the slowness is of recent occurrence, and is great in degree, there may be pressure on the brain, or functional disturbance, as from narcotics. On the other hand, the pulse in health may be preternaturally frequent, from mere constitutional irritability, or from various exciting causes. But in most grave diseases a pulse which at all hours exceeds 120, indicates serious morbid affection, and a pulse of 140, if long continued and feeble, is indicative of danger.

When the stroke of a pulse is hard, strong, and simultaneous with that of the heart, it indicates a state which will bear depletion with benefit, or at least with safety. But from this rule we must except the reaction of pulse which sometimes follows excessive bloodletting or hemorrhage. On the other hand, when the pulse is feeble and easily compressed, and when it follows the stroke of the heart by a perceptible interval, it indicates an atonic state, in which depletion, for the most part, is contra-indicated. The radial pulse may become imperceptible in syncope, in great prostration, and in the moribund.

The radial pulse, says Dr. Williams, in general represents truly the number of the heart's contractions; it can never exceed them. But when the heart acts very feebly its pulsations may not reach the wrist; and when they are irregular in force, some may be propagated to it and others not, in which case the pulse will be intermittent. In some cases the heart, as well as the pulse, omits to contract. This irregularity may be functional, or it may be consequent on organic disease of the heart.

Syncope, or fainting, results from a failure of the heart in force, or frequency, or both. It may be occasioned by a great variety of causes, such as mental emotions, loss of blood, especially during an erect posture, violent mechanical injuries, sedative poisons, &c. Some persons faint readily, on slight occasions, from idiosyncrasy. The pulse at the wrist is weak, and often imperceptible during syncope. The sounds of the heart are also feeble in most cases, very short, and without a second sound, and generally irregular.

Hemorrhage takes place spontaneously in acute diseases, especially in fever, and likewise in different morbid changes of structure. It occurs most commonly from mucous membranes by exhalation, and less frequently by ulceration or rupture.

LETTERS FROM THE WEST.—NO. III.

CINCINNATI.—MEDICAL COLLEGE OF OHIO.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I arrived here about ten days since, and have been so delighted with everything which I have seen that I had almost forgotten my promise to write. Cincinnati contains about one hundred regular practitioners of medicine, which, in a population of 50,000, will give one physician to every five hundred. The institutions connected with the medical profession are two medical schools, two hospitals, and two medical societies. The most ancient of these is the Medical College of Ohio. This school has undergone more revolutions than any other in the United States. An application was made for its charter to the General Assembly of Ohio in 1818, by Dr. Drake, and in a year after the school went into operation with two professors. In the fall of 1820 a class of 24 was made up, and the following gentlemen delivered lectures—Dr. Drake, Dr. Bohrer, Dr. Jesse Smith, and Mr. Slack. The next year the distinguished Dr. Godman was chosen a professor, but resigned after lecturing one season. The second regular session had not closed before an internal war commenced with the faculty, and by the spring of 1822 it waxed furious, and at one of the meetings of the faculty (which had become reduced to Drs. Drake and Smith, and Mr. Slack) the following very laughable scene occurred. It will be well to mention here, that Dr. Drake, as president of the college, was dean of the faculty. The extract here given is taken from an old pamphlet published by Dr. D. in 1822, entitled "A Narrative of the Rise and Fall of the Medical College of Ohio."

"At 8 o'clock we met, according to a previous adjournment, and transacted some financial business. A profound silence ensued. Our dim taper shed a blue light over the lurid faces of the plotters, and everything seemed ominous of an approaching revolution. On trying occasions Dr. Smith is said to be subject to a disease not unlike St. Vitus's dance; and on this he did not wholly escape. Wan and trembling, he raised himself (with the exception of his eyes), and in lugubrious accents said, 'Mr. President, in the resolution I am about to offer, I am influenced by no private feelings, but solely by a reference to the public good.' He then read as follows, 'Voted—That Daniel Drake, M.D., be dismissed from the Medical College of Ohio.' The portentous stillness recurred, and was not interrupted until I reminded the gentlemen of their designs. Mr. Slack, who is blessed with stronger nerves than his master, then rose, and adjusting himself to a firmer balance, put on a proper sanctimony, and bewailingly ejaculated, 'I second the motion.' The crisis had now manifestly come; and learning, by inquiry, that they were ready to meet it, I put the question, which was carried, in the classical language of Dr. Smith, '*nemo contradicente.*' I could not do more than tender them a vote of thanks, nor less than withdraw, and performing both, the doctor politely lit me down stairs."

In a short time lectures were suspended, and everything appeared

symptomatic of dissolution. But the institution was revived, and to this day they have scarcely ceased making changes in their professorships, or enlisting in some bitter controversy. A most furious warfare has been carried on with the new medical school ever since its existence, and there is no telling when their quarrels will be at an end.

In 1831, Dr. Drake applied to the Trustees of Miami University for a medical department to be established in Cincinnati. The trustees, accordingly, met and organized one, and appointed a faculty upon the recommendation of Dr. D. Considerable trouble had been taken to secure the services of Dr. Eberle and Dr. Staughton, in this new school; but it never went into operation. An opposition arose, which crushed it before it had time to raise its head; and the two professors just spoken of, joined the Medical College of Ohio.

It is difficult for a stranger, at this crisis, to say whether or not this school is destined to flourish. It is the opinion of many here, that one or the other must go down, and I find there is great opposition to both institutions from the citizens. Each has its friends, each its foes. The professors in the old school do not, as a body, enjoy so extensive a reputation as those of the new school; but I believe they are gentlemen who give general satisfaction to the trustees and students. Dr. Mussey, the professor of surgery, is very well known throughout the Union; but I believe there is no other member of the faculty whose reputation extends out of the west.

I find the profession of the city very intelligent and sociable, and notwithstanding there is considerable private animosity on account of the schools, I have enjoyed myself very much in their social gatherings. In my next letter I shall give you an account of the new school.

Cincinnati, July 7, 1839.

Yours, truly, W. J. B.

MEDICAL TOPOGRAPHY AND STATISTICS.

[At our solicitation, a few weeks since, T. P. Fitch, M.D., an accurate and scientific medical observer, residing at New Boston, N. H., kindly sent the following paper, which was originally intended for another publication; but it has been ascertained that its insertion there must be deferred on account of the voluminous accumulation of statistical matter. Without the writer's knowledge, the editor has taken the liberty of giving it a place in the Journal, presuming that it cannot be otherwise than acceptable to the reader. It is a specimen of the kind of articles on medical topography and statistics which we have repeatedly invited professional gentlemen in the country to furnish, and which we do not yet despair of receiving.]

New Boston contains about 6 square miles, consisting almost wholly of swells, which in many parts rise into elevated hills. It is situated about 10 miles west of the Merrimack, on branches of the Piscataquay (streams of sufficient size to turn saw and grist mills) which discharge into that river. The soil, though rough and hard, is fertile. Population, at last census, 1690 (since somewhat increased, probably), who are industrious,

almost exclusively engaged in agriculture, and are *now* comparatively temperate.

During the seven years of my residence in town there has been no extensively fatal epidemic. Scarlet fever has often visited us, and in 1834 there were many cases, mostly, however, in a mild form. In more than 50 cases under my observation during that year, there occurred but 2 deaths, and one of these was from pneumonitis, commencing at the time of apparent convalescence from scarlatina. Measles have been prevalent to some extent three times during the period above named, with a moderate number of fatal results from the usual sequelæ of that disease. In 1833 a few cases of severe typhus occurred in a particular neighborhood, with, however, but one death; and last fall a similar disease made its appearance in one of our small villages, to which, with two or three exceptions, it was entirely confined. In this fever, though severe, and in some cases protracted from 4 to 6 weeks, of 20 cases occurring in town, 3 only were fatal. The same disease prevailed with considerable mortality in the neighboring towns.

Of the number of deaths in this town, my own correct record extends back but 5 years; from other sources I have obtained a list for the 8 years preceding. During the 5 years ending with the close of last December, the average annual number of deaths is 20, or 1 to 84 of population. Of these, 16, or 1 to 6 1-4 of the whole number of deaths, was from consumption; but under that head are included both tubercular disease of the lungs and chronic bronchitis, several complicated cases of the latter having occurred in intemperate subjects. During the 8 years preceding this period, including 1826, when, in part from a very bad fever, the character of which cannot now be ascertained, there were 31 deaths in a single year, the whole number of deaths was 200, or an annual average of 25—1 to 67 1-4 of population. If the record of these 8 years be correct (but there is some reason to suppose that it includes several who died in other towns and were brought here to be interred), the average of deaths during the 13 years ending last December is 23 1-3 annually, or 1 to about 73 of the inhabitants. These lists include both still births and accidental deaths.

In towns in this vicinity, and perhaps the same is true of places in the interior throughout New England, whatever records of mortality have been kept, are, for the most part, very imperfect, and it would seem to me that good might result if our medical societies would take immediate measures to remedy this defect in the statistics of New England. More information on this subject, from interior towns, than I have elsewhere seen embodied, has been published in a "Dissertation on the Boylston Prize Question for 1835," by that accurate observer and fine writer, Dr. L. V. Bell.

Respectfully yours,

New Boston, N. H., July 10, 1839.

T. P. FITCH.

ACUPUNCTURATION FOR HYDROCELE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Having been consulted in October last, in a case of hydrocele, where the tumor was very large, I tried acupuncture in the following manner. With a common sewing needle (No. 12) guaged in a small pliers, I rapidly punctured the anterior inferior portion of the tumor in a dozen places. Most of the punctures discharged a single drop of the fluid contents of the sac. The tumor soon began to diminish in size, and, much to my own, and the satisfaction of the patient, in a few days disappeared entirely, and has not as yet returned.

In the preceding April, I had tapped a tumor of the same kind for another patient, who called on me a few weeks since to have the operation repeated, as the disease had returned. I operated on him with the needle as above described, and the operation has been entirely successful. Whether these patients will be troubled again with a recurrence of the disease, remains to be seen.

Yours, with esteem,

Newark, N. J., July 19, 1839.

LYNDON A. SMITH.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 31, 1839.

AMERICAN PHYSIOLOGICAL SOCIETY.

THE annual report of a society, of which we know but little, although its deliberations are held in our immediate neighborhood, has come from the press of Mr. Light, Cornhill. The professed object seems to be to teach the members, if no one else, what the Society considers the true mode of living. A prominent theme on the tongues of the speakers, at the anniversary meeting, was the importance of understanding the great principles of physiology—and yet the burden of a speech generally carried the orator on to the old ground of dietetics. The society is constituted of an indeterminate number, compounded of males and females, all of whom cannot be made profoundly conversant with a science of which some of the greatest men of the age have scarcely attained the elements. Now an incessant crusade against the dreadful sin of eating and drinking palatable food, such as the best and longest livers invariably enjoy with a good relish, is not *physiology*. The advocates of this system of radicalism, which would oblige the whole nation to feed upon a prescribed diet, under the vigilant eye of self-constituted conservators of the public health, do not make the proper distinction between science and speculation. Pretending to base their doctrines upon facts, they yet pay little attention to the mass of opposing ones which have been accumulating for centuries, and rely almost exclusively on recent experiments, few, comparatively, in number, and mostly furnished, too, by those already committed in favor of the new theory. To rant against those who differ from ourselves, invites ridicule, especially on a subject no way connected with sober scientific investigation. We sometimes think that both Dr. Alcott and Mr. Graham must laugh in their sleeves at their own success;

for certainly they know how to appreciate the attainments of the learned, and therefore in contrasting these sapient doings with what others have accomplished who are strictly cultivating physiological science, they must feel, one would suppose, that all is labor for naught.

Quack Dentists.—Having, in common with the whole community, a deep interest in whatever is designed to preserve individual health, and generally better the physical condition of our fellow beings, we have always regarded dental surgery in the light of an important branch of the art chirurgical, only to be practised by those who are carefully educated to the profession. Under the influence of this feeling, we have published, with pleasure, all such articles as were the result of the experience of the best dental operators in this country. Among the catalogue of contributors in this particular department, is Dr. J. F. Flagg, of Boston, who gave us an admirable paper, a few months since, to expose the utter fallacy of a pretended discovery of the *ligamentum dentis*, by a certain peripatetic dentist, residing at 270 Arch street, in Philadelphia, who signs his name Jo. F. Caldwell.

Last week this same immortal discoverer addressed us a letter, enclosing, besides his own delectable propositions, a printed sheet of certificates, certifying to Mr. Jo. F. Caldwell's professional accomplishments and dexterity. The character and value of the series may be gathered from a single extract, in which the signers say, "we pronounce him *the Prince of Tooth-extractors and the Chief of Surgeon Dentists.*" Introductory to these tremendously elaborate credentials, having more words than sense, this "*chief of surgeon dentists*" announces, by a sort of proclamation to the sovereign people, that "he is ready to perform any operation in dental surgery, and will with pleasure administer to any, from the prattling boy to the aged adult; or from the lisping miss to the great grandmother, but he will not extract while gentlemen are present!" This precious document cannot be misunderstood by intelligent persons, because no attempt is made to conceal the fact that he considers himself, just as his friends represent him, the *prince of surgeon dentists*.

But we have reserved the most astounding part of Mr. Jo. F. Caldwell's letter till the reader has put himself in a posture to bid defiance to a sudden surprise. After roughly handling Dr. Flagg, he thus addresses our humble self—"If you will assure me your medical professors, dentists, physicians and citizens generally, of Boston, feel sufficient interest on the subject to listen to its discussion, and judge for themselves, and will provide me a large room, filled with an attentive auditory, and will advertise the public and myself of the place and day, I will give them a lecture." Admirable philanthropy! "Please insert this communication and the enclosed certificates," (*the prince of tooth-extractors, &c.*) "in your Journal, as an *offset* to that of Dr. Flagg." What a horrible design! Further, for we must not pass Mr. Jo. F. Caldwell by without suitable ceremony, "I expect the necessary publications" (vulgarily called puffs) "and room will be furnished without charge. I will willingly lose the time and incur the expense of a trip (to Boston), to correct public impressions. Mail me a No. of your Journal containing this and any other, advertising the time and place of lecture, and oblige yours, respectfully, Jo. F. Caldwell, of Virginia, dentist."

This is but a single case of annoyance, such as we are haunted with, and such as medical editors, we opine, more than others, are obliged to

bear. Were this correspondence extensively circulated, it is possible that the class of persons most imposed upon by quack dentists, would not so readily submit to the ignorant manipulations of strolling botchers of the human jaws.

Kappa Lambda Society.—Not many months ago a pamphlet was freely circulated, which emanated from the city of New York, and had for its object an exposition of what was represented to be the selfish and unprincipled designs of the members of a certain mysterious medical association, congregated under the cognomen of the *Kappa Lambda Society*. We read it, and were startled at the developments, and thus the impression has remained; and perhaps the feelings of distrust and indignation would have gathered something more by age, had it not been for a transcript of the records of this same horrible, intangible body, given to the world without hesitation; nay, without an air of being conscious of having done either a rude, ungentelemanly, or reprehensible act.

Divested of all machinery, and simply regarded as it now seems that it ought to be, without prejudice, out of New York, certainly, the *Kappa Lambda Society* is made up of a respectable catalogue of practitioners, who hold regular meetings like the Boston Society for Medical Improvement, at which the members relate the results of their professional observation and experience. Some of the cases thus permanently preserved, by being registered on the records, are intensely exciting. Now if the Society has been guilty of nothing more objectionable than what is discoverable in their published documents, it is quite certain that misrepresentation, if not genuine malice, had a hand in the construction of the red-covered pamphlet.

Geneva College.—There is evidence of a commendable zeal for the reputation of an institution, when the public are made familiar with all it is desirable to know, through circulars, catalogues and other publications. The medical department of this college, which has enjoyed the confidence of all from the first day of its organization, has sent abroad its annual prospectus of the next lecture term—for a copy of which the dean will please accept our thanks. Since the last term, William Usher, M.D., late of the city of New York, has been elected to the vacant professorship of chemistry, and carries with him a reputation that must be favorable to the character of the lectures, as a complete medical course. In connection with the college, there is a hospital, free of admission to the students. Further particulars may be obtained from our advertisement page. A gold medal is presented to the author of the best inaugural dissertation, at the conferring of the doctorates.

Medical Society of Tennessee.—Minutes of the last annual meeting, at Nashville, on the 26th of May last, are acknowledged. President, Dr. Felix Robertson. Dr. Robert Martin was elected secretary. The treasurer announced that the amount due the Society from its members, was \$2,800. Each one is charged for absence; \$5.00 also for absence from the annual meetings, since 1835. Those who neglect to deliver oratorical addresses, when appointed, are fined \$25; and those who fail to read essays on medical topography, \$10. It was ordered, hereafter, that the

annual contribution fee shall be \$2. A resolution was adopted, that nine members shall be sufficient to transact business. Dr. Hogg exhibited a worm extracted from the eye of a child, accompanied by a written statement. Dr. Dorris read a case of prolonged utero-gestation. Dr. Buchanan reported a case illustrative of the cause of spontaneous amputations of fetal limbs in utero. Dr. Peyton Robertson read a case of tetanus. Dr. R. N. Dashiell reported a case of chronic enlargement of the spleen; and Dr. Henderson reported a case of soft cancer, and also one of ventral conception.

On the third day of the session, Dr. Thompson, of Rutherford, reported a case of mania, cured by bleeding. Dr. Treadway was appointed orator; Dr. Ramsay, of Knoxville, on the medical topography of East; Dr. McPhail, of Franklin, on the Middle; and Dr. Lea, on West Tennessee. The society finally adjourned till the first Monday in May next.

Wallace on the Eye.—A beautiful little work by our talented friend, Dr. William C. Wallace, of New York, entitled "A Treatise on the Eye, containing discoveries of the causes of near and far sightedness, and of the affections of the retina, with remarks on the use of medicines as substitutes for spectacles," from the press of Samuel Colman, is hereby acknowledged. In the course of another week, we shall have leisure for inspecting its contents, and examining its 55 xylographic illustrations.

Legal Responsibility of Females during Pregnancy and Parturition.—In the January number of the British and Foreign Medical Review, there is an able and impartial examination of a work which expressly treats upon this interesting subject, written by Professor Jöry, of Leipzig. The profession, to some extent, seem desirous of possessing the book; not on account of the false reasoning or absurd conclusions of the author, so praiseworthy exhibited by the reviewer; but for the sake of what it contains of intrinsic value—no where else to be found. If it has not yet been translated, a point not ascertained with us, the question arises, would it not be worth the while for some one having a familiar acquaintance with the language which now seals it up from a multitude of American physicians, to put it into English? It is presumed that a publisher might be found either in Boston or New York, who would be glad to engage in the enterprise.

Experiments with the Wourali Poison.—Some experiments were lately made in Nottingham, England, to show the influence of artificial respiration in preventing the fatal effects of certain poisons. The wourali poison was chosen, and to show the certainty of its action to destroy life, the first experiment was tried on a dog—a spear-head, covered with the poison, being inserted in an incision in the animal's side. In 52 minutes the dog ceased to breathe. The second experiment was performed on an ass, the arrow head being inserted in the lower part of the neck. In half an hour the breathing became difficult and irregular, the pulse had risen to 104, and soon after the animal fell as if dead, perfectly motionless, and the pulse could not be felt. An opening was immediately made into the windpipe, and a tube, with a pair of bellows attached to it, introduced, and put into action. As the lungs were inflated, they were emptied by pres-

sure on the body. This process was continued regularly and steadily for *seven and a half hours*, at which time the animal commenced breathing by its own efforts. During this time the animal lay motionless and apparently lifeless; the extremities were to a certain extent cold, and the heart beat very feebly. From the time of animation he gradually but slowly recovered. The third experiment was on an ass younger and in better condition than the previous one. The poison was injected in a similar manner, but only a fourth part of the quantity used. The animal fell, senseless and motionless, in 34 minutes. Artificial respiration was carried on for two hours, when natural respiration commenced. In six hours the ass got up and stood by itself. This experiment showed how much sooner the animal may be restored after a smaller dose of the poison, and that its effect is much more transitory—notwithstanding the doctrine lately broached by one of our correspondents, that the smaller the quantity of poison, the greater the injury. The fourth experiment was on a spaniel, in whom pulsation ceased in nine minutes.

Cases of Bronchitis.—Dr. A. D. Bacon, of Gloucester, Mass., informs us that three cases of this affection in clergymen have lately come to his knowledge. "One," he says, "in which the disease was most severe, was a veteran in the use of tobacco; the other has been in the habit of taking water while speaking, at least since the commencement of the disease; the other, if I am rightly informed, takes neither." The Pen Yan (N. Y.) Democrat states that the Rev. Thomas J. Champion, late pastor of the Methodist Episcopal Church in that village, who was an habitual and excessive chewer of tobacco, has been severely afflicted with the throat disease.

Ohio Medical Convention.—Committees were appointed to report at the next meeting of this convention, on the topography and diseases of Scioto, Cuyahoga and Beaver vallies, and of the vallies of the Sandusky and Maumee; on the use and abuse of stimulating drinks, of which alcohol is a component part, and how far it is a necessary article of the materia medica; on the use and abuse of the various forms of mercurials in the malarious and other diseases of the western country; on the importance of auscultation and percussion in diseases of the chest; on the truth and utility of animal magnetism.

The following resolution was adopted by the convention, as reported by the committee on the subject of alcohol, &c., "That alcohol, which is the intoxicating quality of distilled and fermented beverages, induces and aggravates most of the diseases to which the human frame is liable; acting as a poison on the system: destroying the mental and physical powers of the same, and carrying ruin, disgrace and death into families and the community. That the entire disuse of all such beverages must greatly increase the general health, prolong the lives, and promote the happiness of society."

The convention was attended by a large number of medical gentlemen from different parts of the State, and business transacted which may result to the benefit of the public and the science of medicine.

The pamphlet containing Dr. Hildreth's address, has accidentally been mislaid; it will oblige us if some person having duplicates will have the goodness to send one to the address of the Journal.

Censors' Meeting.—Candidates for license will keep in recollection that the Censors of the Massachusetts Medical Society, for the first Medical District and for the Society at large, will hold their meeting at the Boston Athenæum, this day, at half past three o'clock, P. M.

MARRIED.—In Andover, Mass., Dr. Francis Clarke to Miss Sarah F. Marland.

DIED.—At Watertown, Mass., by suicide, Nathaniel Bemis, M.D., 54.—In Richmond (Texas), Dr. Benjamin Austin, 46.—Near St. Marks, Florida, Dr. Clark, a surgeon in the U. S. Army.—At Hartford, Ct. Wm. H. Morgan, M.D., 42.

Whole number of deaths in Boston for the week ending July 27, 54. Males, 15—females, 19.
Of consumption, 4—sudden, 1—scarlet fever, 3—inflammation on the brain, 3—hooping cough, 1—dropsy on the brain, 2—dropsy, 1—intemperance, 1—abscess on the liver, 1—child-bed, 1—old age, 1—cholera infantum, 4—dysentery, 1—infantile, 3—bilious fever, 1—drowned, 1—lung fever, 1—abscess on the brain, 1—stillborn, 2.

UNIVERSITY OF THE STATE OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS OF NEW YORK.

The course of Lectures for the ensuing season will be delivered in the new and extensive college edifice in Crosby street. It will commence on the first Monday in November and continue four months.

Physiology, by	JOHN AUGUSTINE SMITH, M.D.
Theory and Practice of Physic, by	JOSEPH M. SMITH, M.D.
Materia Medica and Medical Jurisprudence, by	JOHN B. BECK, M.D.
Chemistry and Botany, by	JOHN TORREY, M.D.
Special and General Anatomy, by	ROBERT WATTS, JR., M.D.
Surgery and Surgical and Pathological Anatomy, by	WILLARD PARKER, M.D.
Obstetrics, by	JAMES R. MANLEY, M.D.

Fee for the whole course, \$108.
New York, July 24, 1859.

J. AUGUSTINE SMITH, M.D., *President*.
NICOLL H. DERING, M.D., *Registrar*.

Jy 31—sept 015

GENEVA MEDICAL COLLEGE.

The Medical Lectures will commence on the 1st Tuesday of October and continue sixteen weeks.

Institutes and Practice of Medicine, by	T. SPENCER, M.D., Geneva.
Obstetrics and Materia Medica, by	C. B. COVENTRY, M.D., Utica.
Anatomy and Physiology, by	JAMES WESTER, M.D. Rochester.
Surgery, by	D. L. RODGERS, M.D., Geneva.
Chemistry, by	WILLIAM USHER, M.D.
Medical Jurisprudence, by the Professors of Chemistry and Anatomy.	

THOMAS SPENCER, M.D., *Registrar*.
Geneva, July 16, 1859.

C. B. COVENTRY, M.D., *Dean*.

Jy 31—10

COLLEGE OF PHYSICIANS AND SURGEONS OF THE WESTERN DISTRICT OF THE STATE OF N. Y. (FAIRFIELD, HERKIMER CO.)

The Lectures commence on the first Monday in October, and continue sixteen weeks.

Anatomy and Physiology, by	JAMES McNAUGHTON, M.D.
Chemistry and Pharmacy, by	JAMES HADLEY, M.D.
Materia Medica and Medical Jurisprudence, by	T. ROBERT BECK, M.D.
Practice of Physic and Obstetrics, by	JOHN DELAMATER, M.D.
Surgery, by	FRANK H. HAMILTON, M.D.

Fees for the whole course, \$54.
Jy 17—41

JAMES HADLEY, *Registrar*.

MEDICAL LECTURES IN BOSTON.

The Medical Lectures in Harvard University will begin in the Medical College, Mason street, Boston, the first Wednesday in November next, at 9 o'clock, A. M., and continue sixteen weeks.

Anatomy, and Operations of Surgery, by	JOHN C. WARREN, M.D.
Chemistry, by	JOHN W. WESTER, M.D.
Midwifery and Medical Jurisprudence, by	WALTER CHANNING, M.D.
Materia Medica and Clinical Medicine, by	JACOB BIGSLOW, M.D.
Principles of Surgery and Clinical Surgery, by	GEORGE HATWARD, M.D.
Theory and Practice of Physic, by	JOHN WARR, M.D.

At a meeting of the Faculty, it was
Resolved, "That no two courses of Lectures shall be admitted to qualify students for gratuitous admission to Lectures in this School which have not been attended in separate years, or at least six months from each other."
WALTER CHANNING, *Dean of the Faculty of Medicine*.
Boston, July 10, 1859.

Jy 17—1N

BERKSHIRE MEDICAL INSTITUTION.

THE Annual course of Lectures in this Institution will commence the 8th of August, 1889, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by	H. H. CHILDS, M.D.
Chemistry, Botany, and Natural Philosophy, by	C. DEWEY, M.D.
Pathological Anatomy and Materia Medica, by	ELISHA BARTLETT, M.D.
Anatomy and Physiology, by	ROBERT WATTS, M.D.
Surgery, by	WILLARD PARKER, M.D.

Fee for the course of lectures, \$50; fee for those who have already attended two full courses at an incorporated medical school, \$10; graduation fee, \$18; board, including room-rent and lodging, as at other country institutions. Library fee, according to the number of books taken out.

Fellows of the Massachusetts Medical Society, and others, who have received the degree of Doctor of Medicine, are admitted gratuitously to the lectures.

Degrees are conferred at the commencement and close of the Lecture Term. The pre-requisites for admission to an examination for the Degree of Doctor of Medicine are—three full years' study under a regular practitioner of medicine—attendance on two full courses of medical lectures, in medical institutions regularly established, one of which courses must have been attended at this institution—a defensible thesis on some subject connected with medical science—an adequate knowledge of the Latin language, and a good moral character.

The examinations will be held in presence of the Trustees, Faculty, and Overseers of the Institution, and of a Delegation from the Medical Society. The thesis must be publicly read and defended. Gentlemen who intend to present themselves as candidates for a degree, are particularly requested to procure full and formal certificates of time and age.

July 3—

By order of the Faculty, ROBERT WATTS, JR., M.D., Dean.

DR. HULL'S UTERO-ABDOMINAL SUPPORTER.

THIS new instrument for the radical cure of Prolapsed Uteri, or falling of the Womb, by external application, superseding the use of the objectionable pessary, is confidently recommended to the afflicted as the means of a perfect restoration to health, it never having failed of performing a cure, even under the most aggravated circumstances. It has received the decided approbation of Sir Askey Cooper, of Liverpool; Sir Benjamin C. Brodie; Sir James Clark, Physician to the Queen; Dr. Ashwell, Lecturer on Midwifery to Guy's Hospital; Dr. Rigby, Lecturer to St. Bartholomew's; Dr. Griffith, Lecturer to Westminster Hospital; Dr. Ramsbotham, Lecturer to London Hospital; Robert Ferguson, Lecturer to Westminster Lying-in Hospital; Dr. Sweatman, Lecturer to Middlesex Hospital, and Senior Accoucheur to Queen Charlotte's Lying-in Hospital; also by Henry, Davies, Conquest, Blundell, Lee, Merriman, Surgeon Keate, &c.; by Dr. Moreau, President of the Académie Royale de Médecine, Paris, and Accoucheur to the Duchesse d'Orléans; Professors Velpeau, Marjolin, Paul Dubois, Sanson, and others—and in New York by Professor J. W. Francis; G. S. Bedford, M.D. Professor of Midwifery in University of City of New York; Professor Delafield, Professor Francis U. Johnson, Pres. County Medical Society; Laurens Hull, Pres. Med. Society State of New York; Prof. James McNaughton, Albany; Professors March, Cyrus Perkins and Doane; James Webster, Prof. Anatomy and Surgery, Geneva; David L. Rogers, Prof. Surgery, Geneva College; Drs. Thomas Boyd, Gilbert Smith, Hosack, Stearns, Ludiow, Kissam, Vache, Fowler, Grayson, Van Rensselaer, and many other distinguished physicians of the United States.

AMOS G. HULL, Office 4 Vesey St. Astor House, N. York.

✓ A constant supply of the above instruments will be kept by Reed, Wing & Cutler (late Lowe & Reed), No. 54 Chatham Street, Boston. Lowe & Reed have sold many of the above instruments, and can refer to physicians of eminence by whom they have been highly approved, as well as to patients to whom they have afforded the most essential relief. Price \$10.

Feb. 23—6m

NEW LEECH ESTABLISHMENT.

THE medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

SETH W. FOWLE,

Oct. 17—1yeop

33 Prince St. corner of Salem St. Boston.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARR,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct. 31—epif

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.